Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/31/2010	Address:	3571 N. S.R. 135
Case #:	<u>42F31070</u>		
County:	JACKSON		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
☐ Red Phosphorous/Iodine Reaction(s): IN KITCHEN AREA			
☐ Flammable Solvents: IN KITCHEN AREA			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: <u>IN KITCHEN</u>			
Other (item and location):			
☐ Yes . ⊠ No	er age 18 discovered (check one) (number present) cport to Child Protective Services	Ephedrii	re Information ne/Pseudoephedrine Tracking Log lerchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	partment: <u>BROWNSTOWN TWNSH</u> P. Fax: <u>812-358-3898</u> Fax: <u>812-522-2916</u>		
Health Department: JACKSON CO.		Fax: <u>812-</u> Fax: N <u>/A</u>	<u>.66-271</u> 0,
Child Prot	ection Service: N/A		
For further information regarding this methamphetamine laboratory, contact			

Investigating Officer: MARTIN A, MEAD Phone 812-522-1441

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.